



Intensive Care Referral Information

Contact Information:

Gabrielle Thompson - Inquire regarding referral/discharge/program details/program concerns/
program needs

CRS Director

218-464-4703 office line 1

218-464-4702 office line 2

218-464-4701 fax

Gthompson@ihduluth.com

* We look for any documentation giving us a clear picture of what the person needs to be supported with. This includes, but is not limited to current list of medication and medical needs (if applicable), CSSP A, CSSP, IAPP, SMA, Incident Reports, and Hospital Reports (if warranted)

Homes: Daily Rate (1:1\$1100) (2:1 \$2000)

Hutchinson House (Piedmont area) – capable of serving residents 18+ both Male and Female

Crossroads House (Hermantown area) – capable of serving residents 15+ w/ adults both Male and Female

Both sites are split level, four person settings (not a handicap accessible home). There are lighting fixtures fixed into the ceiling in each room for safety. There are also lexon covers on TVs and other vanity like light assemblies in the bathrooms. Each person served will have their own bedroom with fresh supplies upon admit (sheets, set of towels, laundry basket, basic hygiene supplies, dresser, nightstand, and twin bed).

Each person served will have a one-to-one staffing pattern from 9a-9p. There will be one overnight awake and one overnight asleep in the home from 9p-9a. We have also provided higher ratios with team agreement. There is an on-call management figure available by phone support/ personal support if needed 24/7. Any situation that may be out of control or Interim cannot manage safety – staff will seek police support.

There is a vehicle on the site. The vehicle will be available for scheduled use. The person can schedule times to use the vehicle other than appointments after deemed stable to go into the community (48 – 72 hours unless otherwise specified).

Individuals residing in the homes are in need of short term, intensive, transitional supports and services from the crisis home. Typically, the person served have varying mental disabilities which require varying

levels of supports and services. Most individuals living at the crisis home are prescribed psychotropic medications.

These settings are licensed under 245D.

Referral Requests:

Please fill in the requested information.

Does this person have an active Waiver Yes No

If yes, please identify what type of Waiver and what County _____

*** This is not a GRH accepted service. ***

Name	
DOB	
PMI Number	
Current Placement/Contact Information (address and number)	
Social Security Number	
Current Pharmacy	
Dental Provider	
Eye Care Provider	
Psychologist/ Facility/ Contact Number	
Primary Care Physician/ Facility/ Contact Number	

Psych Physician/ Facility/ Contact Number	
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General Medical:

Please include a current signed list of medication orders.

Height:	Incontinence:
Weight:	Med Compliant:
Allergies:	Consumes only edible objects:

Please give a summary of where the individual is coming from/ why they are seeking this service/ behavioral incidents / notification of any threats the program should be aware of/ current notes on level of stability (generally any information that is going to help us serve the person to the best of our ability / training for staff) /any information health concerns that are pertinent to the care of the individual and safety of the others in the home.

Team Members/Contact Information/ Role:

Role	Name	Email	Phone
Legal Representative			
Case Manager			
CADI Worker			
Rep Payee			
Family Member			

<p>Is this person on commitment? If so, please provide the commitment paperwork.</p>

Please email the following to Gthompson@ihsduluth.com

Current signed list of medications (we will need signed MD orders prior to admit and at least 5-7 days of medications upon admit)

Information on what personal needs money the person will obtain while in care/ flow of funding for this service

If Available: Physical Exam Doc (within year) – looking for “free of communicable disease” (mantoux)

CSSP, IAPP, SMA, Progress Notes, Incident Reports, Frequency Reports (Any Current 245D Docs/ Plans)